

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/09/2015
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NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 000 Initial Comments

Report of Complaint Survey by Dennis Harrell on 12-9-2015.

The Complaint alleged that the facility was getting cold because a window had been broken and covered with cardboard for 5 weeks.

Records indicate this facility was first licensed as a Home for the Aged serving 99 residents on 12-1-1962. Therefore the facility was surveyed for conformance with the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code, Group D.

The Complaint was substantiated to have been accurate before, but had been corrected by the day of the survey. Other deficiencies, not related to the complaint were cited that will require an acceptable Plan of Correction.

C 189 Building Equipment Maintained Safe, Operating

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0311 OTHER
REQUIREMENTS

(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.

This Rule is not met as evidenced by:

1. Based on observation, the facility was not

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6069

ZR7U21

operation director

If continuation sheet 1 of 3

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C 189	Continued From page 1 maintained in a safe condition because of a badly damaged bedroom door. Damaged bedroom doors cannot resist the passage of fire and smoke. Finding includes: The door to bedroom 5 was damaged beyond repair. 2. Based on observation, the facility was not maintained in a proper operating condition because of a poorly installed air conditioner in a window in the main dining room. Poorly installed air conditioners can allow cold air and/or insects to enter the facility. Finding includes: There were open holes around the air conditioner installed in the main dining room. 3. Based on observation, the facility exterior weather resistant surfaces were not properly maintained. Poorly maintained surfaces allow water to enter. Findings include: a. The siding was broken on the exterior of the 600 Hall. b. The attic access door was damaged on the exterior gable end of the 200 Hall. 4. Based on observation, the facility was not maintained properly because a thermostat cover was missing exposing the wires and internal parts.	C 189 1/20 1/20 1/20 1/20	Facility Maintenance Director will replace the door. Operations Director will supervise the repair to ensure all construction regulations are followed. Facility Maintenance Director will remove the air condition unit from the window to ensure the window will properly close. Facility Operations Director Will Supervise to ensure compliance. Facility Maintenance Director Will replace all broken siding with approved materials Facility Operations Director will monitor the repairs to ensure compliance. Facility Maintenance Director will Replace the door hinges to that the door closes properly. Facility Maintenance Director will replace the the thermostat and install lock cover to ensure the thermostat is in proper working condition	
C 190	Heating System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to	C 190		

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STATE FORM

6899

ZR7U21

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